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ABSTRACT

This curriculum guide provides school districts that already have VD education programs with up-to-date information about research and epidemiology relating to sexually transmitted diseases. For districts wishing to implement a program for the first time, it offers both a structured framework and the resources and materials needed for a complete five-day unit. The guide provides teachers with materials and ideas they can use immediately in the classroom, and includes a rationale and structure for teaching about sexually transmitted diseases. The step-by-step, five-day unit contains lesson plans, a variety of learning activities, and student worksheets that can be duplicated or displayed in the classroom. The unit can be followed in detail or viewed as a series of suggestions. Teachers can use the worksheets and learning activities exactly as presented, modify them, or develop additional activities and materials on their own. If possible, the unit should be included as part of a comprehensive health education program. However this guide is used, its purpose is to provide teachers with options and new possibilities for teaching about sexually transmitted diseases. In addition to syphilis and gonorrhea, many other diseases and related problems are discussed. (Author)

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TEACHING ABOUT SEXUALLY TRANSMITTED DISEASES

A CURRICULUM GUIDE AND RESOURCES FOR GRADES 7-12

DEVELOPED BY THE STAFF OF THE SCHOOL HEALTH PROGRAM
CALIFORNIA STATE DEPARTMENT OF EDUCATION
SACRAMENTO, 1979

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Foreword

Since the Venereal Disease Education Project was first established within the Department of Education six years ago, tremendous progress has been made toward providing education about sexually transmitted diseases to all students in California schools at the secondary level. The Venereal Disease Education Project has trained more than 10,000 teachers in a series of inservice workshops, and in several metropolitan areas where VD education has been extensively implemented, the VD rates of school-age populations have declined while the rates of other age groups have risen. There is reason to believe that VD education has been a factor in such positive developments. Education about sexually transmitted diseases is more widely accepted than it has ever been, and the local school districts that have voluntarily implemented VD education programs are to be commended for taking the initiative.

Yet, despite these positive developments the incidence of sexually transmitted diseases is still at epidemic levels in California. We cannot become complacent in the fight against sexually transmitted diseases, and now a recently enacted piece of legislation, Section 51202 of the California Education Code, requires instruction about venereal diseases as part of the course of study in health in California schools. This legislation will help ensure that the progress California has made in education about sexually transmitted diseases will be sustained.

Until successful vaccines against venereal diseases are developed, the instruction now required in our schools is one of the few means we have for controlling one of the state's most serious health problems. This publication will provide school districts that already have VD education programs with up-to-date information about research and epidemiology relating to sexually transmitted diseases. To districts that wish to implement a program for the first time, this publication offers both a structural framework and the resources and materials that will be needed for a complete five-day unit.

In a way this publication marks a new beginning for VD education in California. Yet, it is also part of a continuing statewide effort that deserves attention and support.

Superintendent of Public Instruction

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Preface

The purpose of this guide is to provide teachers with materials and ideas that they can use immediately in the classroom. The guide includes a rationale and structure for teaching about sexually transmitted diseases consistent with the *Health Instruction Framework for California Public Schools*, adopted by the State Board of Education in 1977. It also contains a step-by-step, five-day unit with lesson plans and a variety of learning activities. Finally, it contains student worksheets that can be duplicated or displayed in the classroom.

The five-day unit can be followed in detail or viewed as a series of suggestions. Teachers can use the worksheets and learning activities exactly as they are presented in this publication, but they can also modify them or develop additional activities and materials on their own. If possible, the unit should be included as part of a comprehensive health education program. However this guide is used, its purpose is to provide teachers with options and new possibilities for teaching about sexually transmitted diseases.

A great deal of progress has been made in the field of VD research and epidemiology in recent years. When the Venereal Disease Education Project was first initiated in the Department of Education, only two diseases were considered as the primary focus for VD education: syphilis and gonorrhea. Now, many other diseases and related problems have been added to the list. This guide incorporates the latest developments and the newest knowledge in the field.

It is important to note that instruction about sexually transmitted diseases requires sensitivity and tact on the part of the teacher. Materials alone will not make it successful. Therefore, any teacher who intends to offer such instruction should read the following introductory comments with honest self-appraisal. Not every teacher will feel comfortable with the kind of discussion that effective instruction about venereal disease requires. Yet, an open, accepting classroom atmosphere is the foundation of a successful VD education program.

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A Note on Terminology

Until relatively recently the term "venereal disease" referred to five specific diseases only. The two most commonly known are gonorrhea and syphilis. The others, extremely rare, are chancroid, lymphogranuloma venereum, and granuloma inguinale. Since all are communicated through intimate sexual relations, they were subsumed under the term "venereal," which takes its root from Venus, the ancient Roman goddess of love. Aside from the mode of transmission, these five diseases are completely separate and distinct.

In recent years many other diseases that are spread primarily through sexual contact have been added to the list. These include nongonococcal urethritis (NGU), herpes simplex virus 2, trichomoniasis, and several others. Because these "new" conditions have expanded the original definition of venereal disease, clinicians now use "sexually transmitted diseases" and "sexually transmissible diseases" as the equivalent of "venereal diseases."

In this publication the terms "VD" and "venereal disease" are used interchangeably with the more current terminology. Teachers who offer instruction about sexually transmitted diseases should be acquainted with all the various terms. They should also emphasize throughout the VD education unit that "VD" refers to a wide variety of different and distinct sexually transmitted diseases.

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PART 1
PLANNING AHEAD

Introduction

Sexually transmitted diseases have been a continuing health problem throughout history, and today they are epidemic among the nation's youth, particularly people between the ages of fifteen and thirty. An estimated ten million Americans every year contract a venereal disease, and the incidence of sexually transmitted diseases is second only to that of the common cold. California has traditionally led the nation in the number of reported cases of syphilis and gonorrhea. Because of the underreporting of venereal disease, however, reported cases do not correspond to true incidence. Therefore, most statistics reflect only the tip of the iceberg.

The main premise of this publication is that information and education about venereal diseases comprise an essential element of effective VD control. There is substantial evidence that without educational programs the VD problem among California's youth would be even worse than it is. In several California communities in recent years, the number of reported cases of venereal disease decreased significantly among the school-age population, in comparison with the rest of the population, after intensive VD education programs were conducted.

VD education can also be like the footrace in *Alice in Wonderland*. Educators and public health officials have had to run as fast as they can merely to stay in one place. This is the result of many factors: increased sexual activity among young people; the relative ease with which most sexually transmitted diseases can be cured; and the fact that people can be infected by some of the most serious sexually transmitted diseases without even knowing it. (Many women—and less frequently, some men—can "carry" gonorrhea for several months without showing symptoms, and after relatively minor initial symptoms syphilis can also be asymptomatic in men and women before manifesting the symptoms of more serious stages.) In addition, many people are still reluctant to discuss venereal disease, since venereal diseases are still frequently equated with immorality or socially unacceptable behavior. Thus, the difficulty of controlling or preventing venereal disease is greatly compounded.

Perhaps the most important argument for continued VD education efforts derives from the simple fact that the alternative is ignorance. It is the kind of ignorance that no one can afford.

How to Use This Guide

This guide consists of four basic components.

Part 1, "Planning Ahead," is intended as a basic orientation to readers who may be thinking about developing or implementing a VD education program.

Part 2, "An Overview of Sexually Transmitted Diseases," provides the factual information and content on which an instructional unit about sexually transmitted diseases should focus.

Part 3, "A Five-Day Unit," offers a way of structuring the basic facts about sexually transmitted diseases into five days of sequential instruction. This section includes lesson plans and a variety of alternative learning activities. Student worksheets, designed for use with the five-day unit, may be found in Part 4. Thus, most of the materials that a teacher will need in order to offer a five-day unit on sexually transmitted diseases are included in this book.

The Goal of VD Education

The suggestions in this book for instruction about sexually transmitted diseases are oriented toward one primary goal:

To encourage an awareness among adolescents about the nature and extent of sexually transmitted diseases, ways of preventing them, and the need to seek medical diagnosis and/or assistance whenever their presence is suspected.

Students do not need to become medical experts about VD, and they do not need to memorize obscure Latin terms in order to benefit from VD education. The simpler VD education is, the better. Its main purpose is to encourage students to use the knowledge they acquire to protect their own health and the health and well being of others.

Implementing a VD Education Program

The urgency of the VD epidemic in California is so great that the state Legislature has enacted two laws aimed at providing effective VD education in California classrooms. The first of these, section 51820 of the Education Code, went into effect on June 30, 1972. The basic intent of this law was to separate venereal disease education from the section in the code that governs sex education (section 51550). Section 51820 requires the teacher to notify students' parents or guardians at least 15 days prior to offering instruction about VD and to provide parents and guardians the opportunity to inspect the instructional materials that will be used. The parent or guardian, in turn, may request that his or her child not participate in the VD education program.

Section 51202, enacted in August, 1977, requires VD education as part of the health curriculum. This contrasts with the former law, which made VD education a local school board option.

The law is merely the starting point for an effective educational program, however. Program initiators should be fully aware of basic organizational elements that can be just as important to a program's success as a legal mandate. These include:

The climate of the community. Education about sexually transmitted diseases may be a source of controversy in some communities, and it should be carefully introduced. Program initiators should seek out the views and opinions of parents and other community members wherever possible. On the other hand, the program initiators should not call attention to VD education as being a "sensitive" topic, since this may create controversy where none would have arisen otherwise.

The place of VD education in the curriculum. Ideally, VD education will be offered in the context of other communicable diseases in a comprehensive health education curriculum, as outlined in the *Health Instruction Framework for California Public Schools.* Science, social studies, psychology, biology, and home economics are other appropriate areas of the curriculum for instruction about sexually transmitted diseases.

Balancing affective and cognitive instruction. Since the main goal of VD education is to provide students with the motivation to act on their knowledge, i.e., by seeking out medical help and advice if they suspect that they have a sexually transmitted disease, merely providing students with facts about sexually transmitted diseases can only be a part of an effective program. The teacher should also stress affective goals, such as enabling students to feel comfortable discussing VD, removing the usual stigmas from the topic, and encouraging students to accept responsibility for their health and the health and well being of others.

To the Teacher

In many ways sexually transmitted diseases are still cloaked in an aura of secrecy. Sexually transmitted diseases are essentially a health problem, however, not a moral problem. Consigning these diseases to the realm of guilt and shame (the traditional attitude) makes them diseases that people are less likely to discuss openly and then do something to control.

The main role of the teacher in a VD education unit is to create a classroom atmosphere in which sexually transmitted diseases can be talked about openly and comfortably. Therefore, the teacher must feel comfortable with these kinds of discussions before initiating them with students. Students may ask direct and specific questions about the use of condoms, sexual intercourse, homosexuality, and similar topics. Moreover, the teacher must feel comfortable not just with the topic, but with informal student discussions in general.

Some Tips on Making VD Instruction Effective

Although the basic classroom atmosphere is paramount, teachers should not overlook several other principles of effective instruction that can help to make a VD education unit lively and interesting:

Involve all the students. Even when the teacher has succeeded in creating a comfortable atmosphere for discussion, students may be reluctant to express themselves on what they consider a potentially embarrassing topic. Some students may even suspect that they have a venereal disease and may, therefore, be unwilling to betray their anxiety. While the teacher should not force students to participate in discussions, every effort should be made to elicit input from all the students in the class. This can be accomplished through classroom activities that use writing in addition to discussion and through occasional small-group activities.

Don't do all the talking. When presentation of facts is required, lectures may be the most efficient technique. If the teacher does too much of the talking, however, he or she will risk creating one-way communication.

Listen to the students. If a teacher avoids doing all the talking, he or she may still not be listening to the students. Listening, in this context, means being responsive to the students' concerns and questions without judging them — in short, structuring the class so that students feel free to ask questions and volunteer their thoughts and opinions.

Vary the pace and style. Mixing different kinds of activities within a single class period will help to sustain the students' interest. Although the five-day unit in this book offers several different options, the teacher should avoid relying on any one particular technique. The use of different techniques and activities will provide variety and texture to the class.

Avoid the use of slang. Some students have probably already acquired "street knowledge" about venereal diseases. The kinds of attitudes and misinformation commonly associated with street knowledge are counter to the purpose of an effective VD education unit. Therefore, from the beginning the teacher should avoid slang and encourage the correct use of terms. (On the other hand, a stilted classroom atmosphere emphasizing *only* the use of proper terminology should also be avoided. Students should be able to feel comfortable discussing this subject.)

PART 2
AN OVERVIEW OF SEXUALLY TRANSMITTED DISEASES

Introduction

The purpose of this section is to provide the teacher with factual information on which to base instruction about sexually transmitted diseases and conditions. The chart below outlines the four basic concepts and the student learning objectives that form the heart of the VD education unit described in the third section of this book. While additional instructional content may also be found in the next section, the basic facts about the communicable disease cycle, ten specific sexually transmitted diseases, and the treatment and prevention of sexually transmitted diseases are presented here for orientation and later reference. Note: The narrative in the following pages is not divided according to the specific learning objectives in the chart below; instead, the content for each objective is presented through the narrative form.

CONCEPTS	*STUDENT LEARNING OBJECTIVES*		
1. Sexually transmitted diseases may have immediate and long-range effects on individuals and society.	**1A.** Describe the infectious disease cycle.	**1B.** Identify common reportable communicable diseases.	**1C.** Explain why sexually transmitted diseases are a serious health problem.
2. Ten specific sexually transmitted diseases are a serious health problem because of their incidence and/or their effects.	**2A.** Name ten specific sexually transmitted diseases.	**2B.** Describe symptoms of ten specific sexually transmitted diseases.	**2C.** Explain how the reproductive organs and other structures are affected by sexually transmitted diseases.
3. Sexually transmitted diseases can be treated and prevented.	**3A.** Describe the most common ways of preventing sexually transmitted diseases.	**3B.** Analyze the susceptibility of of different groups in the population to sexually transmitted diseases.	**3C.** Describe services provided by various sources for the diagnosis and treatment of sexually transmitted diseases.
4. Individuals have a personal and social responsibility to assist in the prevention and control of sexually transmitted diseases.	**4A.** Identify laws related to the prevention and control of sexually transmitted diseases.	**4B.** Describe ways in which individuals can assist in the prevention and control of sexually transmitted diseases.	

NOTE: The above objectives are related to the illustrative objectives contained in Section VI, "Diseases and Disorders," *Health Instruction Framework for California Public Schools*, California State Department of Education, 1978. They have been restated and expanded to provide the foundation for a specific unit of instruction.

Concept 1:
Sexually transmitted diseases may have immediate and long-range effects on individuals and society.

Student Learning Objective 1A:
Describe the infectious disease cycle.

Student Learning Objective 1B:
Identify common reportable communicable diseases.

Student Learning Objective 1C:
Explain why sexually transmitted diseases are a serious health problem.

The Infectious Disease Cycle

A typical infectious disease cycle for any communicable disease includes the following elements, which are illustrated in the diagram on page 16:

Infectious agent: A disease-causing organism such as a bacterium or germ.

Reservoir: A place for the survival and growth of the infectious agent, e.g., human beings, living animals, or nonliving matter.

Mode of transmission: Any means by which a disease-causing organism arrives at the entry point or is carried from the exit point of the body.

Incubation period: The time interval between exposure to an infectious agent and the onset of disease.

Period of communicability: The time during which an infectious agent may be transferred from one infected person to another person.

Susceptibility: The degree to which a person lacks resistance to the disease-causing organism.

Resistance: The sum total of body mechanisms that enable the body to ward off a particular disease.

One example of an infectious disease that is not sexually transmitted is measles (rubella), an acute, highly communicable, viral disease characterized by early fever, "pink eye," "sniffles," spots in the mouth, and a blotchy rash. The infectious disease cycle for measles is as follows:

Infectious agent: Measles virus.

Reservoir: Human beings.

Mode of transmission: By droplet spread or direct contact with secretions of the nose, throat, or urine of people who have signs of the illness or who may be carrying it without recognizable signs.

Incubation period: Eight to 13 days from exposure to initial fever; about 14 days to appearance of rash.

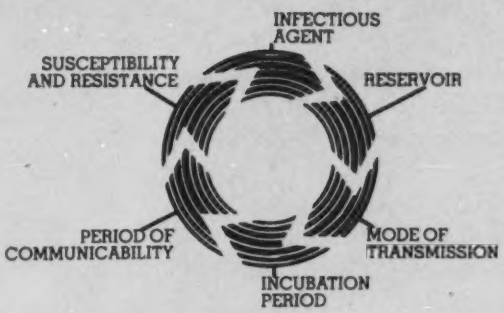
Period of communicability: From exposure to four days after rash appears.

Susceptibility and resistance:

· Nearly everyone is susceptible.

· People who have had immunization against measles are not susceptible.

· Permanent acquired immunity usually follows an attack.



Infectious Disease Cycle

The following are descriptions of the infectious disease cycles for gonorrhea and syphilis, two of the best known sexually transmitted diseases:

☐ Gonorrhea

Infectious agent: Gonococcus bacterium.

Reservoir: Human beings.

Mode of transmission:

· Almost exclusively through intimate sexual contact with an infected person (most often through the many forms of sexual intercourse).

· From an infected mother to the eyes of her newborn infant as the infant passes through the birth canal.

Incubation period: One to 30 days (usually three to five days).

Period of communicability: Indeterminate unless interrupted by treatment.

Susceptibility and resistance:

· Susceptibility is universal.

· Immunization is not yet available.

☐ Syphilis

Infectious agent: Spiral-shaped bacterium called a "spirochete."

Reservoir: Humdn beings

Mode of transmission:

· Almost exclusively through intimate sexual contact with an infected person (most often through the many forms of sexual intercourse).

· May also be passed from the bloodstream of a mother to her unborn child anytime after the 18th week of her pregnancy.

· May occasionally be spread from the use of hypodermic needles contaminated by an infected person.

Incubation period: Ten to 90 days (usually 21 days).

Period of communicability:

· Through sexual contact, usually about six months, occasionally up to two years.

· Through the bloodstream, up to five years.

Susceptibility and resistance:

· Susceptibility is universal.

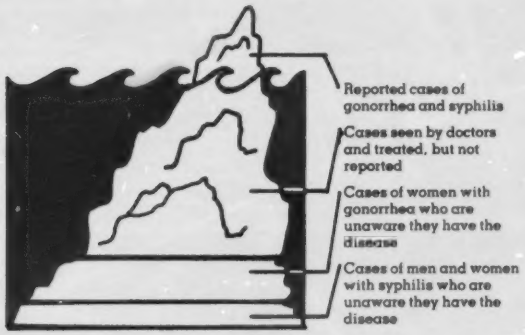
· Immunization is not yet available.

The Extent of the Venereal Disease Problem

Health authorities consider certain infectious diseases significant enough to be reported and observed for increases or decreases in their incidence. Examples of reportable communicable diseases are chicken pox, diphtheria, gonorrhea, measles, mumps,

poliomyelitis, rheumatic fever, scarlet fever, streptococcal infections, syphilis, tuberculosis, and whooping cough. *In one recent year (1976), gonorrhea and syphilis accounted for 76 percent of all the reportable communicable diseases in California.* Gonorrhea alone accounted for 69.5 percent of the diseases.

Numbers of cases of a disease do not necessarily reveal the true incidence of that disease. Since gonorrhea and syphilis are frequently underreported, public health officials estimate that the given figures for gonorrhea and syphilis, the most prevalent reportable sexually transmitted diseases, should be multiplied four or five times to obtain an estimate of the actual number of cases. The "iceberg" effect of unreported cases is illustrated in the accompanying diagram.


Reported cases of gonorrhea and syphilis
Cases seen by doctors and treated, but not reported
Cases of women with gonorrhea who are unaware they have the disease
Cases of men and women with syphilis who are unaware they have the disease

Iceberg Effect of Unreported Cases of Gonorrhea and Syphilis

These estimates do not include other sexually transmitted diseases that are not reportable—trichomoniasis and nongonococcal urethritis (NGU), for example—which probably double the total numbers of cases of sexually transmitted diseases. Nor do these estimates include conditions such as pubic lice, scabies, and venereal warts. The actual extent of sexually transmitted diseases and conditions, therefore, can only be estimated, but it certainly constitutes a major public health problem.

The Increasing Incidence of Sexually Transmitted Diseases

There are many reasons for the continuing increase in the incidence of sexually transmitted diseases. Some of these stem from greater sexual freedom throughout the population, which frequently leads to indiscriminate selection of sexual partners. Ignorance about sexually transmitted diseases is an important factor as well. People frequently do not know about, or are misinformed about, the symptoms, treatment, and prevention of sexually transmitted diseases. Closely related to this widespread ignorance is the fear and shame with which sexually transmitted diseases are commonly regarded. Many people are afraid to admit that they might have VD, and young people in particular may fear that having it will get them into trouble with their parents or other authorities.

The nature of many venereal diseases themselves has contributed to their being spread throughout the population in epidemic proportions. People may carry gonorrhea and syphilis for months, for example, without showing any symptoms. Among male homosexuals there has been an increase in the incidence of rectal gonorrhea, which also tends to be asymptomatic.

In attempting to curb the VD epidemic, public health officials generally emphasize treatment and casefinding much more than prevention. Yet it is likely that sexually active individuals will contract venereal diseases over and over again—venereal disease cannot be "treated out of existence." Finally, of course, while some of the most damaging communicable diseases have been nearly eliminated by vaccines, no effective vaccine against any of the venereal diseases has yet been fully developed and tested.

Concept 2:
Ten specific sexually transmitted diseases are a serious health problem because of their incidence and/or their effects.

Student Learning Objective 2A:
Name ten specific sexually transmitted diseases.

Student Learning Objective 2B:
Describe the symptoms of ten specific sexually transmitted diseases.

Student Learning Objective 2C:
Explain how the reproductive organs and other structures are affected by sexually transmitted diseases.

Ten Specific Sexually Transmitted Diseases

In the last five years, as a result of intensive research, a great deal has been learned about a variety of sexually transmitted diseases of which most people, and even many doctors, are not aware. Some of the research is still so recent that specialists in venereal disease disagree about the importance and incidence of certain diseases and other factors such as how they are transmitted and how they can be prevented.

The ten specific sexually transmitted diseases and conditions discussed in this section represent a consensus of expert opinion about which diseases are the most serious or important, but even some specialists in the field might argue that one disease or another should be included or excluded. As discussed above, often it is virtually impossible to know how many cases of these diseases occur in a given year. According to some estimates, nongonococcal urethritis (NGU) or trichomoniasis may have recently overtaken gonorrhea as the most prevalent sexually transmitted disease. Rapid advances and continuing new knowledge in the field of venereal disease epidemiology have made such information increasingly available.

Until recently only five venereal diseases were generally recognized: gonorrhea, syphilis, chancroid, lymphogranuloma venereum, and granuloma inguinale. The last three are so uncommon in developed countries, however, that they are not described here. Relatively minor conditions that are not actual diseases are described, however, because they have become increasingly common. These include pubic lice, scabies, and

venereal warts. And although relatively little is known about cytomegalovirus infection (CMV), it is included here because of the severity of its effects: it is one of the leading causes of congenital mental retardation, surpassing even rubella.

Gonorrhea and syphilis remain the sexually transmitted diseases about which there is the greatest knowledge. Yet, it is important to note that not only is syphilis considerably more difficult to contract than gonorrhea, but also the syphilis rates have been steadily falling in recent years, while the rates of other sexually transmitted diseases have been rising. Thus, although syphilis is well known, it is not necessarily as important in the general picture of sexually transmitted diseases as it once was.

The chart on page 22 offers an overview of ten specific sexually transmitted diseases. Each of these is described in more detail in the paragraphs that follow. Note that while some of these diseases and conditions can develop without any sexual contact, all can be transmitted through intimate sexual relations.

☐ Gonorrhea

Cases of gonorrhea have been recorded in ancient documents. The Book of Leviticus, for example, written about 1500 B.C., describes symptoms of gonorrhea in detail.

Gonorrhea bacteria (called gonococci) are transmitted through mucous membranes. Since a gonococcus can survive outside the human body for only a few seconds, transmission is almost always by contact of two mucous membranes, such as the urethra in the penis or vagina; the mouth; the throat; or the anal canal. The bacteria do not always survive the transfer. There is a 20 to 50 percent chance that a man will develop gonorrhea after a single act of sexual intercourse with an infected woman and a 50 percent chance that a woman will contract it during vaginal intercourse.

Many women have few or no early symptoms of the disease. Most men, on the other hand (an estimated 80 percent), do show early symptoms.

Gonorrhea in men: Within a few days after infection, symptoms may vary from a thin mucous discharge to a heavier, thick discharge. Most men feel pain or a burning sensation in the penis during urination. The pain increases as the infection spreads upward into the penis. If the infection remains untreated, the symptoms usually disappear in about two weeks. Yet, the bacteria are still present, and the man may still infect his sexual partners. While less painful, the gonorrhea infection can continue to spread through the man's genital region, infecting the prostate gland and the epididymis, or sperm duct. Infection of the epididymis can block the passage of sperm and can result in sterility if the disease remains untreated for a long time.

Gonorrhea in women: Women may not notice symptoms of gonorrhea for weeks or even months after they are infected. Frequently women are unaware that they have the disease until their male sex partners show symptoms. Usually, the infection begins in the cervical area with a pus-like discharge. If the infection is untreated, it will spread into the uterus and the fallopian tubes, where its effects can be extremely dangerous, resulting in a condition known as pelvic inflammatory disease (PID). The infection can become so severe that the tubes become blocked, damaged, and scarred. This can result in permanent sterility. Another possible effect of pelvic inflammatory disease is tubal or "ectopic" pregnancy. This occurs when an ovum is fertilized inside a blocked fallopian tube, and it can lead to death. Symptoms of pelvic inflammatory disease usually include severe pain in the pelvic area, a high fever, and backaches. A further consequence of gonorrhea in women is the possibility that newborns exposed to gonorrhea at the time of birth may contract a severe eye infection (gonorrheal opthalmia). In order to guard against this, physicians customarily administer drops of silver nitrate in the eyes of newborns immediately after birth.

Since the complications of gonorrhea in women are so severe, and since women may carry the disease for a long time without knowing it, men who discover that they have the disease should immediately inform their female sex partners. (Although the complications are less severe in males, infected men should also inform male homosexual partners. Informing sexual partners that they may have a venereal disease is one of the few effective methods for controlling the spread of venereal diseases.)

☐ Nongonococcal Urethritis (NGU)

Several different organisms cause nongonococcal urethritis (NGU). Some of these are known, but NGU is usually diagnosed by ruling out gonorrhea first. Thus, NGU refers to any inflammation of the male urethra that is not caused by the gonococcus infection. Although women do not develop NGU, it is possible that they can carry the disease-causing organisms in the vagina or cervix. The exact method of transmission has not been established, but it is believed that the germs are introduced through direct sexual contact. Men who have NGU experience a thin, painful discharge from the penis similar to that of early stages of gonorrhea; therefore, NGU is frequently misdiagnosed as being gonorrhea. Usually, however, NGU is considerably less painful.

☐ Trichomoniasis

Since the one-celled organism that causes this disease can survive for several hours at room temperature on moist surfaces, trichomoniasis (often called "trich" and pronounced "trick") can be transmitted through other means than intimate sexual contact. The trichomoniasis germ can also be carried within the male genital area, and it is often transmitted through sexual intercourse. Males are usually asymptomatic; that is, they do not have symptoms even though they may be infected. Symptoms in the female include a frothy white or yellow discharge, itching, and minor vaginal pain.

☐ Herpes Progenitalis

The two common forms of herpes are also known as "herpes simplex virus 1" and "herpes simplex virus 2." The symptoms of herpes 1 are usually known as "cold sores" or "fever blisters," and a herpes 1 infection may cause fever and even encephalitis. Herpes 1 occurs primarily above the waist. Herpes 2 (herpes progenitalis) usually infects areas below the waist and can lead to much more severe complications. It is caused by a virus, and, since many viruses are unaffected by antibiotics, at present there is no cure for either form of herpes. Either type is likely to recur periodically after an individual has been infected.

Early symptoms of herpes 2 are usually clusters of small, painful bumps or blisters on the sex organs. About 20 days after they first appear, these sores heal by themselves. The irritation they cause can be alleviated by pain-killing lotions available in drug stores. Medical specialists have experimented in recent years with other treatments that may speed up the healing process and even prevent repeated "attacks." Nevertheless, a variety of factors including stress, fatigue, and illness can easily trigger new occurrences of herpes sores. Complications in women include possible links between herpes 2 and cervical cancer and the infection of infants during birth. The latter often requires delivery by Caesarian section in order to avoid contact with the vaginal wall that carries the herpes 2 virus. Because of the suspected links with cancer, most medical authorities recommend that women who have been infected by herpes 2 obtain a pap smear every six months.

☐ Candidiasis

Candidiasis is caused by Candida albicans, a yeastlike fungus, which accounts for the fact that it is also commonly known as "yeast infection." Symptoms include a thick white discharge from the vagina and a strong, yeasty odor, accompanied by pain and itching. Males can carry the Candida albicans fungus, but they are usually asymptomatic.

☐ Syphilis

Although syphilis is almost certainly as old as gonorrhea, it was not mentioned prominently in historical documents until the 1500s. According to the "Columbian theory" of the origins of the disease, syphilis was first introduced to Europe by Christopher Columbus and his crew after their exploration of the North American continent, during which they contracted the disease from Indians. Yet, there are many ancient documents that describe diseases with symptoms very similar to those of syphilis, and it is suspected that, among others, the following people were syphilis victims: Julius Caesar, Cleopatra, Napoleon, Catherine the Great, Peter the Great, Henry VIII, Mary Tudor, Nietzsche, Keats, Schubert, Goya, Goethe, Wilde, DeMaupassant, and Van Gogh. Probably the reason that syphilis remained "undiscovered" for so long in Europe is that it is often confused with a variety of other diseases and misdiagnosed.

During the primary stage the first symptoms of syphilis are small, usually painless sores called "chancres," which may appear at almost any place on the body, but usually appear in moist areas where contact with the infection has occurred. These may not even be

noticed if they occur in internal organs such as the anus or the vagina. Chancres usually disappear in four to six weeks, even if untreated.

In the secondary stage of syphilis a generalized skin rash appears. This rash may appear in any part of the body and usually does not itch or hurt. Alopecia (the loss of hair) and swollen glands are other symptoms of this stage. During the secondary stage of syphilis, the infected individual may also experience a general feeling of poor health, fatigue, and nausea. Antibiotics can completely cure secondary syphilis, and in North America the disease rarely develops beyond this stage.

Tertiary syphilis, the third stage, follows an indefinite period of latency (the "latent stage") that can last for many years. Victims of tertiary syphilis can suffer a wide variety of complications affecting the cardiovascular and neurological systems and various organs of the body. This can result in general physical and mental deterioration, and eventually death. Tertiary syphilis can be halted by antibiotics, but until this happens it can cause irreversible damage.

Syphilis does not always follow the pattern described above, and its symptoms can be highly irregular. Some infected individuals may never notice symptoms of the primary or secondary stages, for example; thus, the disease can apparently "begin" in the latent stage.

Another serious threat posed by syphilis is the effects of the disease on newborns through congenital syphilis, passed from the mother to the fetus during pregnancy. The more recent the mother's syphilis infection, the more severe the results are likely to be in the newborn. Severely affected newborns frequently die. Infection of the fetus can be prevented if the infected mother receives treatment during the first 18 weeks of pregnancy.

☐ Cytomegalovirus Infection (CMV)

Cytomegalovirus infection, a virus, can be asymptomatic; it can also produce symptoms such as fever, sore throat, and swollen glands similar to the symptoms of mononucleosis. The most important aspect of this disease, about which little is known, is that its causative virus can infect newborn infants. Cytomegalovirus infection is considered one of the leading causes of congenital mental retardation. There is no known treatment for cytomegalovirus infection.

☐ Pubic Lice

Also known as "crabs" and "pediculosis," pubic lice are tiny crab-like organisms that infest the pubic area and cause painful itching. Pubic lice can often be transferred to other areas of the body, most often the armpits or other hairy places, through scratching. Although usually transmitted through intimate sexual contact, pubic lice can be acquired through contact with the clothes or bedding of an infected person. Pubic lice appear as grey specks on the skin at the base of hairs, and they may show up as red-colored when they are swollen with blood. Although even careful washing will not eliminate pubic lice, certain commercial products are widely recognized remedies. A pharmacist can recommend any one of a number of them.

☐ Scabies

Scabies, sometimes called the "seven year itch," is a skin disease caused by a burrowing, parasitic mite. The symptoms are limited to itching wherever the parasite has entered the body—usually between the fingers or on the wrists, armpits, breasts, buttocks, thighs, penis, scrotum, and occasionally the female genitals. An emulsion of benzyl benzoate has proven effective as a treatment for scabies and, as with pubic lice, several different commercial products are also effective treatment.

☐ Venereal Warts

Caused by a virus, venereal warts are usually found on or near the sex organs and may appear between one and three months after infection. In moist areas of the body, the warts are usually pink or red and soft. On dry skin, they are often small and hard, resembling ordinary skin warts. Venereal warts are not dangerous, and they can be removed easily by caustic chemicals or minor surgery. Self-treatment can be dangerous, however, since it can result in additional infections and damage to the surrounding tissue.

Ten Specific Sexually Transmitted Diseases

DISEASE	INCIDENCE*	SYMPTOMS	COMPLICATIONS
1. Gonorrhea (Clap, drip)	2,600,000	In men, discharge from penis and pain in genitals; in women, frequently no symptoms.	Sterility, blindness; in ten percent of women, pelvic inflammatory disease (PID).
2. Nongonococcal urethritis (NGU)	2,500,000	**In men, discharge from penis and pain in genitals.	May lead to infection of prostate gland and other diseases.
3. Trichomoniasis (Trich, vaginitis)	3,000,000	**In women, discharge, itching in genital area.	Relatively little danger.
4. Herpes progenitalis (Herpes simplex virus 2)	300,000	Lesions and sores in genital area.	Linked with cervical cancer and congenital mental retardation of infants infected at birth; once contracted, will continually recur.
5. Candidiasis (Moniliasis, yeast infection)	Undetermined	**In women, occasionally in men, discharge, intense itching in genital area.	Relatively little danger.
6. Syphilis	82,000	Initially, sores (chancres) and rashes; it may imitate almost any other disease.	In later stages, after latent period, severe damage to all parts of body leading to possible blindness, insanity, crippling, and death, if untreated.
7. Cytomegalovirus infection (CMV)	Undetermined	Fever, swollen glands, and sore throat; often, none.	Linked with severe nervous system damage to infants infected at birth.
8. Pubic lice	Undetermined	Intense itching in genital area and hairy parts of body.	Relatively little danger.
9. Scabies	Undetermined	Intense itching in many areas of the body.	Relatively little danger.
10. Venereal warts	Undetermined	Wart-like growths on or near genitals.	Relatively little danger.

*Number of cases annually in the United States, based on 1976 estimates compiled by the American Social Health Association; includes reported and estimated cases.

**This disease mainly affects only one sex or the other.

Concept 3: Sexually transmitted diseases can be treated and prevented.

Student Learning Objective 3A:
Describe the most common ways of preventing sexually transmitted diseases.

Student Learning Objective 3B:
Analyze the susceptibility of different groups in the population to sexually transmitted diseases.

Student Learning Objective 3C:
Describe services provided by various sources for the diagnosis and treatment of sexually transmitted diseases.

Prevention

Venereal diseases are rarely a problem for people who either abstain from sexual activity or who limit it to one partner, and there is little likelihood that two people who have sexual intercourse only with each other will contract a serious venereal disease. Thus, abstinence or limiting sexual relations to one partner only (provided that both partners observe this) are among the surest forms of prevention. Yet, even abstinence is not a certain means of prevention; it can only reduce the risk of getting a venereal disease.

Those who choose to be sexually active may take other preventive measures. The use of a condom by the male during sexual intercourse substantially reduces the risk of contracting gonorrhea, or of infecting the female, for example. The male's washing his genitals and urinating immediately after intercourse may also help as preventive measures. Douching and germicidal jellies are not generally considered effective means of preventing sexually transmitted diseases in women, however, and women should consult their pharmacists or doctors before buying any particular product advertised as a preventive for venereal disease.

Simply knowing the practical means of preventing or avoiding sexually transmitted diseases on an individual basis is only one part of the total prevention picture. Since venereal diseases can be spread so quickly, often without symptoms, throughout a broad segment of the population, each person who suspects that he or she may be infected has a personal responsibility for helping to prevent the spread of diseases among others. Sexually

active individuals should seek prompt diagnosis whenever they suspect that they have a venereal disease. Those who are sexually active with a variety of partners should have regular checkups. Perhaps the most important part of prevention among sexually active individuals is informing all of one's sexual partners when diagnosis confirms the presence of a venereal disease.

Venereal Disease in Different Population Groups

Historically, the incidence of venereal diseases has risen in times of war, when soldiers tend to have greater contact with prostitutes and other casual sex partners, thus increasing the chances of infections being passed widely throughout a population. This has led to the misconception that only prostitutes and others who are not considered to be "proper" individuals carry venereal diseases. Some people mistakenly assume that venereal diseases are limited exclusively to the poor. This is far from the truth. Venereal diseases occur within all sexually active populations, primarily young people between the ages of fifteen and thirty. Moreover, venereal diseases are not limited by social class, race, or ethnic group. Anyone in any social stratum can contract a venereal disease. The only requirement is sexual activity—the greater it is, the greater the risk of contracting a sexually transmitted disease. (Note: This information should be used in the classroom with caution and sensitivity. The teacher may damage the credibility of an instructional unit on VD by appearing to take a "prudish" attitude about sexual activity or by attempting to persuade his or her students not to engage in sexual activity.) Although there is statistical evidence indicating that sexually transmitted diseases tend to occur more often in urban areas, this is a reflection of the concentration of young, single people in cities, and often of inadequate health services as well, rather than a comment on whether people who live in urban areas are or are not "moral."

Diagnosis and Treatment

Attempting to treat oneself, except for a relatively minor condition such as pubic lice, is an extremely dangerous and risky way of dealing with symptoms of venereal disease. One risk of self-treatment is that the individual may make the mistake of thinking that he or she has successfully treated a disease such as gonorrhea or syphilis (for example, by taking a few tablets of penicillin or another antibiotic or medicine borrowed from a friend) when, in fact, the disease is merely in a latent stage and will recur with even more serious effects at a later time.

Individuals who suspect that they have a serious venereal disease should see a doctor as soon as possible. If the individual is reluctant to confide in his or her family doctor about a suspected venereal disease, most communities in metropolitan areas have public health agencies and free clinics where diagnosis and treatment may be obtained at little or no cost. The center for Disease Control in the Department of Health, Education, and Welfare sponsors a toll-free hot line that will provide the caller with a referral to nearby clinics and health agencies. This service, called Operation Venus, may be reached by dialing 800-523-1885. The staff of Operation Venus, which is based in Philadelphia, Pennsylvania, has had special training in answering questions about venereal disease from young people, and the agency has a listing of every clinic in the continental United States that deals with venereal diseases.

Many communities have free VD clinics where young people may go in order to obtain diagnosis, treatment, and information about sexually transmitted diseases. The staff members of these clinics usually have been trained to make clients feel comfortable and to protect their confidentiality. Often the client is identified only by a number. No one but the client and the clinic staff member is permitted access to a client's case history.

The method of diagnosing venereal diseases varies from one disease to another. One test for syphilis, a blood test called the VDRL, is routinely required of couples who apply for a marriage license and is obtained from pregnant women as a means of preventing congenital syphilis during pregnancy. Other tests for venereal diseases include making a culture of the urethral discharge from women and staining a smear from the urethral discharge of men to test for the presence of gonococcal bacteria.

Although, as indicated in the preceding section, many venereal diseases still are not curable, some of the most serious—gonorrhea, syphilis, and NGU, for example—can be quickly cured by antibiotics. The most important factor in curing a venereal disease is to obtain treatment as soon as possible after symptoms appear. Nevertheless, it is important to remember that once "cured," a venereal disease can recur through reinfection—again and again.

Concept 4:
Individuals have a personal and social responsibility to assist in the prevention and control of sexually transmitted diseases.

Student Learning Objective 4A:
Identify laws related to the prevention and control of sexually transmitted diseases.

Student Learning Objective 4B:
Describe ways in which individuals and society can assist in the prevention and control of sexually transmitted diseases.

Laws Relating to VD Control

In California, a number of laws directly or indirectly affect the control of venereal diseases. Among these are the following:

1. Minors twelve years of age and older may receive hospital or medical care related to diagnosis and treatment of VD, TB, hepatitis, and other reportable communicable diseases without the consent of parents or guardians (California Civil Code, Section 34.7).

2. A premarital blood test for syphilis is required in California; examination must be completed within 30 days of the issuance of the marriage license (California Civil Code, Section 4300).

3. Prophylactic treatment for gonorrhea opthalmia must be administered to all newborns immediately after birth (California Business and Professions Code, Section 551; and California Administrative Code, Title 17, Section 2560).

4. A doctor treating a patient during pregnancy is required to perform a blood test for syphilis (California Health and Safety Code, Section 3222).

5. Pharmacies may advertise or display condoms as long as they are accompanied by materials on VD prevention (California Business and Professions Code, Section 4322).

6. A licensed retailer may sell condoms to anyone regardless of age (California Business and Professions Code, Section 4319). The eighteen-year-old limit was repealed in 1970.

7. Doctors are required to report to the local public health officer all cases of reportable venereal disease that they treat (California Administrative Code, Title 17, Section 2505).

8. Laboratories are required to report to the local public health officer all cases of gonorrhea and syphilis that they find (California Administrative Code, Title 17, Section 2505).

Also, as mentioned in the first section of this book, the Education Code enables teachers to offer classroom instruction about VD (section 51820) and, more recently, makes VD education a mandatory component of the health education curriculum (section 51202).

If laws alone were sufficient to control the VD epidemic, VD probably would not be a serious public health problem today. However, the law is only one means of control, and its effects are limited. Some laws are not enforced to the fullest degree; this is clearly true of the laws that require reporting of all venereal diseases. Some laws are difficult to enforce. Some are ineffective. The law concerning syphilis examination prior to obtaining a marriage license, for example, assumes that there will be no sexual relations outside of marriage. Perhaps most important, laws do not necessarily change or shape attitudes, and many people are still unwilling to accept venereal disease as a serious health problem.

The Individual's Role in Controlling VD

The control and prevention of venereal disease must begin with individuals. Individual preventive measures are discussed more fully on page 23 in the section entitled "Prevention." Individuals who are sexually active should use whatever preventive measures are available to them. Perhaps most important, individuals who discover that they have a venereal disease should immediately inform anyone with whom they have recently had sexual relations. This is often a difficult step for individuals to take, but it is one of the surest means of preventing the spread of venereal diseases.

The Role of Institutions in Controlling VD

Many different societal institutions can, should, and often do assist in the prevention and control of sexually transmitted diseases. According to legislation passed in 1977, instruction about VD is now required as part of health instruction in all California public schools.

In addition to providing direct diagnostic and treatment services, clinics, local hot lines, youth centers, and similar agencies can function as disseminators of information about sexually transmitted diseases.

Departments of public health frequently conduct programs for screening possible victims of venereal disease and locating cases ("case finding") by interviewing and testing the sexual contacts of known victims. The latter process is usually conducted by a highly skilled epidemiologist, who may spend months tracing a single case of a disease like syphilis in order to ensure that all those who have been exposed have an opportunity for diagnosis and treatment.

Many civic-minded organizations conduct annual fund-raising campaigns to support research into the venereal diseases. In part, the growing body of research accounts for the new knowledge that has greatly expanded the definition of venereal disease.

Finally, all of these efforts can and should lead to a new climate of openness in relation to venereal diseases. Until vaccines are discovered (most experts agree that such discoveries are still at least a decade away), only through a massive, community-wide effort to inform the public about venereal diseases will there be the kind of awareness that is needed for prevention, treatment, and control.

PART 3
A FIVE-DAY UNIT

Introduction

The following pages contain suggestions for structuring classroom activities for a five-day VD education unit. Since students in junior and senior high schools are at so many different levels of understanding and skill development, a wide variety of learning activities are offered here from which the teacher may choose. Some of these may be more appropriate to junior high school students, others to senior high school students. The activities were designed, at any rate, to provide both the teacher and the students the kind of flexibility that will maximize learning opportunities and minimize the need for sophisticated skills or knowledge of the topic beforehand.

The unit was designed to be implemented over a period of five days in periods approximately 45 minutes long. Individual teachers may wish to depart from this suggested pattern, however, and should feel free to use any parts of the unit that they find helpful. Other teachers may choose to follow the unit exactly as it is outlined. If so, all they need to do is choose the activities they intend to implement and prepare the materials described for those activities. In many cases student worksheets are provided in order to facilitate completion of the activity. These worksheets are referred to by number, and they begin on page 40. They were designed to be copied or displayed via overhead projector.

Although the teacher is encouraged to use the recommended activities and materials in any way he or she wishes, these materials are based on a particular instructional approach that the teacher should clearly understand before beginning the unit.

Too often the primary focus of venereal disease education has been on facts through the heavy use of films, outside health experts, and health pamphlets. This approach assumes that information about VD alone will influence behavior. In reality, a combination of affective and cognitive learning is better suited to the kinds of long-term behavioral changes that VD education attempts to bring about. Therefore, the recommended activities for VD education in this unit include opportunities for communication, discussion, consideration of alternative procedures and points of view, and exercising of decision-making skills.

GOAL: To encourage an awareness among adolescents about the nature and extent of sexually transmitted diseases, ways of preventing them, and the need to seek medical diagnosis and/or assistance whenever their presence is suspected.

First Day: Openers

Rationale

The purpose of this lesson is to assess the students' knowledge about sexually transmitted diseases and to set the tone for the following lessons. The teacher may conduct an assessment of the students' knowledge either by administering the written "Speak Out" worksheet or by making note of the students' statements during class discussion. The teacher may find this assessment helpful in deciding which activities to use in subsequent lessons.

Objectives

The teacher will:

· *Create an open, accepting climate for the discussion of sexually transmitted diseases.*

· *Assess the students' knowledge about sexually transmitted diseases, either in writing or through discussion.*

The students will:

· *Demonstrate their understanding of the facts about sexually transmitted diseases.*

· *Participate in informal discussions about sexually transmitted diseases.*

Activity 1: Speak Out (20 Minutes)

Materials: Worksheet 1 (Page 40).

Give a copy of Worksheet 1 to each student or display the worksheet using an overhead projector. Instruct the students to indicate their responses to each item. After all the students have finished, take time to discuss the answers. A suggested key is included below. These answers are in accordance with either the correct factual information or the stated goals and objectives of the VD education unit. Note: Collect the worksheets or answer sheets after the discussion, since they may be useful at the end of the unit as a comparison with the worksheet administered as a post-test.

Key to Worksheet 1:

1-D; 2-D; 3-D; 4-D; 5-D; 6-A; 7-A; 8-A; 9-A; 10-D; 11-A; 12-D; 13-D; 14-A; 15-D; 16-D; 17-A; 18-D; 19-A; 20-D; 21-D; 22-D; 23-A; 24-D; 25-A; 26-D; 27-D; 28-A.

Activity 2: Creating Slogans (25 minutes)

Materials: Paper, felt tip pens, masking tape.

Divide the class into small groups or pairs. Encourage the students to work with people they do not know. Make the materials available during the activity.

Tell the students, "VD is a problem for our community. In fact, it has reached epidemic proportions throughout the country. Since there is no immunization against VD, each of us has a responsibility to minimize this

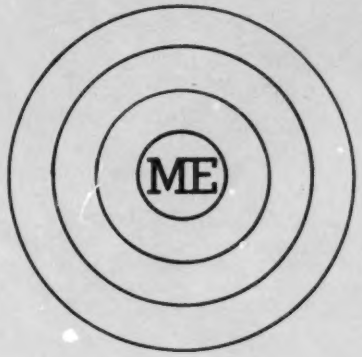
rampant health problem. How can we tell our friends, parents, and community about VD and the problem? Create a VD slogan or a poster within ten minutes. Then post it in the classroom for display."

Set limits by telling the students to create a slogan that can be viewed by the public, displayed in the school paper, or seen by younger children. Students may also create a bumper sticker, button, cartoon strip, or cover for a VD pamphlet. After the students have finished their slogans, take time to discuss such aspects as facts, myths, beliefs, and attitudes.

Activity 3: Privacy Circles (20-25 Minutes)

Decision making grows out of one's needs, values, and experiences. The purpose of this exercise is to help students recognize openly that some things are difficult to talk about, that people have limits about the attitudes and feelings they are willing to share, and that the desire of some people not to share their attitudes and feelings should be respected.

Ask the students to draw the diagram pictured below and to place the initials of people they know (or the generic terms "mother," "father," "sister," "friend," and so on) in each of the circles, beginning with the most trusted and progressing outward. Read the following situations aloud, and ask the students to respond by drawing a line between the italicized word and the appropriate circle or circles.



- *Alcoholic*
- *VD clinic*
- *Stolen*
- *Money*
- *First Love*
- *Cheated*
- *Suicide*
- *VD*

Question:

- Whom would you tell it to. . .?

Situations:

- You have an *alcoholic* parent.
- You saw a friend coming out of a *VD clinic.*
- You have *stolen* something.
- How much *money* you make.
- The story of your *first love.*
- You *cheated* on yesterday's exam.
- You have thought about *suicide.*
- You have *VD.*

After the students have responded, allow time for sharing of responses, either in pairs or in the large group. Encourage the students to notice such things as:

- Which topics are easy to talk about? Which ones are difficult to talk about?
- In what way were responses similar to each other? Different? Why?

The point should be made during the discussion that people's beliefs and feelings should be respected and accepted.

Activity 4: Questions (20-25 Minutes)

Materials: Index cards.

Give a card (or a disc or paper plate) to each student. Ask each student to write on it one question that he or she would like to ask about venereal diseases. Collect the cards, shuffle them, and redistribute the cards (or spin the discs to individual students) so that each student will have a question he or she did not write. Ask each student, in small groups or with the entire class, to discuss the question on his or her card. Compile a list of questions on the chalkboard or on a visual aid for program planning.

Second Day: Communicable Diseases

Rationale

The purpose of this lesson is to begin exploring the content of the unit. Since many students may already be familiar with the communicable disease cycle, the teacher may decide simply to review this information and proceed to the content designed for the following lesson.

Objectives

The teacher will:

· *Determine whether or not the students are familiar with the communicable disease cycle, and, if not, present this information so that it is clearly understood.*

The students will:

· *(Objective 1A) Describe the infectious disease cycle.*

· *(Objective 1B) Identify common reportable communicable diseases.*

· *(Objective 1C) Explain why sexually transmitted diseases are a serious health problem.*

Activity 5: Handshake (10 Minutes)

Explain that this is an activity designed to offer a concrete illustration of how a communicable disease spreads through a population. Assign a number to everyone in the class. Then tell all the students in the class to shake hands with two other students. After the handshaking, pick two numbers out of a hat and explain that the students who have these numbers are designated as having a communicable disease. Then, in a class discussion, figure out who in the class may have "contracted" the disease through the handshake. The percentages may be made more realistic by figuring the odds of contracting a disease like gonorrhea—20 to 50 percent for men, and over 50 percent for women.

Activity 6: The Infectious Disease Cycle (20 Minutes)

Draw the diagram of the infectious disease cycle on page 16 on the chalkboard, and explain the cycle to the students. Ask for student volunteers to assist in the explanation. Duplicate and hand out copies of the infectious disease cycles for measles, syphilis, and gonorrhea from page 16 (or display them on an overhead projector) and, after making sure that the students understand this material, ask the class to discuss the similarities and differences of the three diseases. Emphasize during this discussion that while measles creates its own immunity, syphilis and gonorrhea can be contracted through reinfection over and over again. Also emphasize that most other sexually transmitted diseases follow cycles that are similar to those of syphilis and gonorrhea.

Activity 7: Diseases and Disorders (10-15 Minutes)

Materials: Worksheet 2 (Page 41).

Give a copy of Worksheet 2 to each student or display the worksheet by using an overhead projector. Ask the students to fill out their responses to the worksheet. After all the students have finished, discuss the answers. The correct answers are:

The following conditions are caused by germs: 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 23. *Immunization is available for the following conditions:* 6, 15, 17, 20.

Activity 8: Incidence of Sexually Transmitted Diseases (20 Minutes)

Reproduce the following chart on the chalkboard or display it by using an overhead projector:

Ask the students to brainstorm reasons for the increasing incidence of sexually transmitted diseases. Note: In brainstorming, the objective is to get as many items as possible written down on the chalkboard, without judgment or criticism. After the brainstorm, have a class discussion about the suggested reasons and divide the reasons into categories. (See page 17 for a discussion of reasons for the increased incidence of sexually transmitted diseases, but avoid being limited by this discussion.)

STATISTICS FOR MAJOR COMMUNICABLE DISEASES IN THE UNITED STATES AND CALIFORNIA, 1973-1977

UNITED STATES										
DISEASE	*1973*		*1974*		*1975*		*1976*		*1977*	
	*NUMBER**	*RATE***	*NUMBER*	*RATE*	*NUMBER*	*RATE*	*NUMBER*	*RATE*	*NUMBER*	*RATE*
Gonorrhea	809,681	382.2	874,161	420.1	945,945	451.1	1,011,014	478.1	1,000,177	465.9
Syphilis	90,609	43.9	84,164	40.4	82,397	39.3	76,736	36.3	64,473	30.0
Mumps	67,108	39.1	57,407	27.2	59,647	28.2	38,492	18.1	20,123	9.4
Rubella	31,201	17.4	11,836	5.6	16,682	7.9	12,521	5.9	20,045	9.3
CALIFORNIA										
DISEASE	*1973*		*1974*		*1975*		*1976*		*1977*	
	NUMBER	*RATE*	*NUMBER*	*RATE*	*NUMBER*	*RATE*	*NUMBER*	*RATE*	*NUMBER*	*RATE*
Gonorrhea	94,348	465.3	94,778	452.1	117,642	554.8	122,313	569.7	122,173	569.0
Syphilis	12,422	65.0	12,994	62.7	13,265	61.4	11,617	54.1	11,821	55.1
Mumps	5,903	28.8	2,639	12.6	3,888	18.3	1,901	8.8	953	4.4
Rubella	2,541	12.3	1,572	7.5	1,447	6.8	913	4.2	1,694	7.7

*Reported Cases. Note: Most estimates of actual cases are at least double these figures.
**Cases per 100,000 of population.

Third Day: Ten Specific Sexually Transmitted Diseases

Rationale

The main purpose of the lesson is to demonstrate that while most people still think of venereal disease as being limited to gonorrhea and syphilis, many other sexually transmitted diseases and conditions are now recognized by medical and public health authorities as belonging to this category.

Objectives

The teacher will:

· *Maintain an open, comfortable classroom atmosphere for the discussion of venereal disease.*

· *Assess, either in writing or through discussion, the extent to which the students have gained new information about sexually transmitted diseases.*

The students will:

· *(Objective 2A) Name ten specific sexually transmitted diseases.*

· *(Objective 2B) Describe the symptoms of ten specific sexually transmitted diseases.*

· *(Objective 2C) Explain how the reproductive organs and other structures are affected by sexually transmitted diseases.*

Activity 9: Identifying Sexually Transmitted Diseases (30-40 Minutes)

Materials: Overhead projector or copies of pages, as indicated below.

Using the information on pages 18 through 22 and Worksheets 3 and 4, either by handing out copies of these materials or by displaying them via an overhead projector, present the ten specific sexually transmitted diseases in a discussion and question-and-answer format. Encourage the students to note the following aspects of the presentation:

· Similarities and differences among the diseases.

· Hazards of the diseases to adults.

· Hazards of the diseases to fetuses or newborns.

· Rank order of the diseases according to the severity of their consequences.

· Different effects in men and women.

Activity 10: How Venereal Diseases Affect the Human Body (10-15 Minutes)

Materials: Worksheets 3 and 4 (Pages 42 and 43).

Give a copy of Worksheets 3 and 4 to the students or display the worksheets by using an overhead projector. Ask the students to describe the effects of each of the ten specific sexually transmitted diseases on the human body by referring to the worksheets. This may be done either in the large group, in small groups, or individually, and either orally or in writing. Also emphasize that some of the ten

diseases may produce symptoms in parts of the body that are not shown on the worksheets, and ask students to describe these other symptoms.

ALTERNATIVE: Assign students or ask for volunteers to use one of the worksheets as a vehicle for describing one of the ten diseases. Then ask the students to present their descriptions to the class.

Activity 11: Fred's Problem (15 Minutes)

Present the students with the following situation either orally or in written form:

On Friday evening, May 13, Fred and some friends drove to the city to "have a little fun." Fred became infected with gonorrhea.

Respond to the following questions:

- What do you think may happen to Fred during the next three weeks if he does not receive treatment? Describe possible physical, mental, and social effects.
- How might this affect some other people in Fred's community—physically, mentally, and socially?
- What might happen to Fred during the next few years? Name possible physical, mental, and social effects.
- How might this affect Fred's community?

The students may respond either orally or in writing.

Activity 12: Values Ranking (15 Minutes)

Present the students with the following situations either orally or in written form, and ask them to decide on one alternative only for each situation. For each situation take a poll of the class.

1. Which would you rather have?
   - Heart disease
   - Cancer
   - A venereal disease
2. If you were a parent, which would you rather your teenage son or daughter had?
   - A venereal disease
   - Drug addiction
   - Alcoholism
   - Mental illness
3. Which of the following problems do you think is the greatest threat?
   - Overpopulation
   - Venereal disease
   - Pollution
   - Crime
   - Too much leisure time
4. Your partner has given you a sexually transmitted disease and you don't know it. What would you want the partner to do?
   - Ignore you
   - Hint at it to tell you
   - Tell you boldly
5. Which is the easiest to accept?
   - A business man with VD
   - A politician with VD
   - A homosexual with VD

Values ranking promotes class discussion and encourages the students to become actively involved and to ask questions for further information.

Fourth Day: Treatment and Prevention

Rationale

The combination of cognitive and affective learning is particularly important in the final two lessons of the unit. The main purpose of these lessons is to encourage students to act on the knowledge and information that they have acquired in the preceding lessons.

Objectives

The teacher will:

· *Encourage a discussion that avoids judgments about different people's patterns of sexual behavior.*

· *Assess, either orally or in writing, the students' understanding of the various measures that can be taken to treat and prevent sexually transmitted diseases.*

The students will:

· *(Objective 3A) Describe the most common ways of preventing sexually transmitted diseases.*

· *(Objective 3B) Analyze the susceptibility of different groups in the population to sexually transmitted diseases.*

· *(Objective 3C) Describe services provided by various sources for the diagnosis and treatment of sexually transmitted diseases.*

Activity 13: Treatment and Prevention: Information and Discussion (15 Minutes)

Materials: Overhead projector or copies of pages, as indicated below.

Using the information on pages 23 and 24 either by making copies of these pages, by displaying them via an overhead projector, or by summarizing them orally, present the various methods of treating and preventing sexually transmitted diseases and related problems in a discussion and question-and-answer format. Encourage the students to note and discuss the following aspects of the presentation:

· The absence of vaccines and the resulting personal responsibility for preventing sexually transmitted diseases.

· Similarities and differences of preventing and treating the ten specific sexually transmitted diseases identified in the third day's lesson.

· Populations that are most affected by sexually transmitted diseases (emphasize that sexual activity is the common denominator).

· Personal, as contrasted with institutional, ways of preventing sexually transmitted diseases.

Activity 14: Puzzle (15 Minutes)

Materials: Worksheet 5 (Page 44).

Give a copy of Worksheet 5 to each student or display the worksheet by using an overhead projector.

Explain that some of the words may not have been included in the preceding lessons. Take time after the students have worked on the puzzle to discuss the words and definitions.

Activity 15: Tale and Truth (10 minutes)

Materials: Worksheet 6 (Page 45).

Give a copy of Worksheet 6 to each student or display the worksheet by using an overhead projector.

Ask the students to respond to the worksheet either orally or in writing. After allowing time for completion of the worksheet, discuss the students' responses.

Activity 16: Values (15-20 Minutes)

Materials: Worksheet 7 (Page 46).

Give a copy of Worksheet 7 to each student or display the worksheet by using an overhead projector.

Ask the students to respond to the worksheet. Compare the students' responses. Note: During this exercise it is particularly important that the students not be judged or criticized for their differing viewpoints. The purpose of the exercise is to demonstrate that students do have differing viewpoints and that these viewpoints should be respected.

Activity 17: Operation Venus (15 Minutes)

Ask the students to think of either real or hypothetical situations about which a person of their age might wish to get information from Operation Venus (see page 24). Examples: "Is the discharge I have NGU or is it gonorrhea? How would I find out?" or "Where is the nearest VD clinic?" Write the toll-free telephone number of Operation Venus on the chalkboard: 800-523-1885. Either as a homework assignment or as part of this lesson, ask all the students or selected volunteers to phone Operation Venus and report back to class about the information they received. Note: As an alternative to calling Operation Venus, find the telephone number of local information resources such as public health clinics, hot lines, or youth service centers.

Fifth Day: Laws, Responsibilities, and Closure

Rationale:

This lesson continues the theme of personal and social responsibilities from the preceding lesson. In addition, it offers the teacher an opportunity to assess the students' progress during the entire unit, in terms of both cognitive and affective learning.

Objectives

The teacher will:

· *Assess the students' cognitive and affective learning, either through written activities or through discussion.*

· *Emphasize that each student has an individual and social responsibility to deal with the problems caused by sexually transmitted diseases.*

The students will:

· *(Objective 4A) Identify laws related to the prevention and control of sexually transmitted diseases.*

· *(Objective 4B) Describe ways in which individuals and society can assist in the prevention and control of sexually transmitted diseases.*

Activity 18: Laws: Information and Discussion (15 Minutes)

Materials: Overhead projector or copies of pages, as indicated below.

Using the information on pages 25 and 26 either by making copies of these pages, by displaying them via an overhead projector, or by summarzing them orally, present the various laws that relate to venereal disease control and the related section on individual and institutional responsibility in a discussion and question-and-answer format. Encourage the students to note and discuss the following aspects of the presentation:

· Who has the primary responsibility for the control of sexually transmitted diseases?

· Why are existing laws not completely sufficient for the control of sexually transmitted diseases?

Activity 19: New Laws (15 Minutes)

Ask the students, either individually or in small groups, to invent one or two laws that they think would contribute to the prevention and control of sexually transmitted diseases. The laws must be realistic, i.e., reasonable enough so that they might be passed by the Legislature.

Activity 20: Rap About It (20 Minutes)

Materials: Worksheets 8, 9, and/or 10 (Pages 47-49).

Any one or all of these worksheets may be used in the activity. Give copies of the worksheets to the students or display them, one at a time, by using an overhead projector.

Tell the students to read the description of the situation on the worksheet and then to respond to the worksheet questions either orally or in writing.

ALTERNATIVE: Divide the class into small groups and present each group with only one worksheet. Encourage the students to respond to the worksheet and discuss their responses within the group. After each group has had time to respond, take time to share the small groups' views within the large group.

Activity 21: Role Play (20-30 Minutes)

Materials: Worksheet 11 (Page 50).

Give copies of Worksheet 11 to the students or display the worksheet by using an overhead projector.

Explain that the main point of the worksheet is to come up with a plan for ridding a town of VD. The worksheet may be used as the basis for an elaborate role play. For example, the class can be divided into small groups representing committees, each one charged with a particular focus of the community-wide effort such as news media, schools, medical facilities, neighborhoods, and so on. The worksheet can also be completed on an individual basis, after which the individual responses can be shared with the large group.

Activity 22: Speak Out (20 Minutes)

This is a repetition of Activity 1 (see page 29). The purpose of administering the "Speak Out" worksheet a second time is to assess changes in the students' knowledge about, and attitudes towards, sexually transmitted diseases.

PART 4
WORKSHEETS

Worksheet 1
Speak Out

What is your answer? If you agree with the statement given, circle the A (agree); if you disagree with the statement, circle the D (disagree); if you have no opinion, circle the U (undecided). This will not be graded.

The instructional materials are to be used with discretion and in compliance with Education Code sections 51820, 51240, and 60650.

A D U 1. If untreated, gonorrhea will eventually go away.

A D U 2. Gonorrhea and syphilis are the only two venereal diseases that affect human beings.

A D U 3. Once a person has been cured of VD, that person cannot become infected again.

A D U 4. A quick cure for herpes can be purchased without a prescription.

A D U 5. The government should protect people from VD.

A D U 6. Gonorrhea is the number one reported communicable disease in the United States.

A D U 7. Untreated gonorrhea is one of the leading causes of sterility in females.

A D U 8. If a person is sexually active and suspects infection, it is a good idea to have an examination.

A D U 9. Mothers can pass some venereal diseases along to their unborn infants.

A D U 10. Homosexuals are generally safe from contracting venereal disease.

A D U 11. Responsible sexual behavior is one of the best methods for reducing the risk of venereal disease.

A D U 12. Gonorrhea and syphilis are really different stages of the same disease.

A D U 13. The best way to avoid venereal diseases is to make certain that one maintains a clean body and gets the proper diet.

A D U 14. Pubic lice can be effectively treated by a lotion that can be purchased in a pharmacy.

A D U 15. Since venereal diseases are usually transmitted through sexual contact, they are a personal problem having no real effect on society.

A D U 16. Venereal diseases are found primarily among poor people.

A D U 17. An infected person should inform his or her sex contacts that they should have an examination.

A D U 18. Vaccines against venereal diseases are available at most public health departments.

A D U 19. If a man and a woman are both infected with gonorrhea on the same day, it is more likely that the man will notice symptoms first.

A D U 20. The herpes virus is a disease contracted from association with monkeys.

A D U 21. Nongonococcal urethritis (NGU) is one of the rarest venereal diseases.

A D U 22. Teenagers don't have to worry about venereal diseases, as they are diseases of older people.

A D U 23. Ignorance about venereal disease increases the probability of its spread.

A D U 24. If a person gets a venereal disease, that is the individual's business and no one else's.

A D U 25. Education is necesssary if the venereal diseases are to be conquered.

A D U 26. Since gonorrhea can be easily cured, it is not a serious health problem.

A D U 27. If a person gets VD, it is a punishment for promiscuous sexual behavior.

A D U 28. The venereal diseases can affect many people other than the infected individual.

Worksheet 2
Diseases and Disorders

1. Place checks (✓) in columns 1, 2 or 3 to indicate those experienced by you and your family or friends.
2. In column 4, check (✓) the illnesses caused by organisms. Diseases caused by organisms are often communicable or contagious.
3. In column 5, check (✓) the diseases for which immunization is available.

The instructional materials are to be used with discretion and in compliance with Education Code sections 51820, 51240, and 60650.

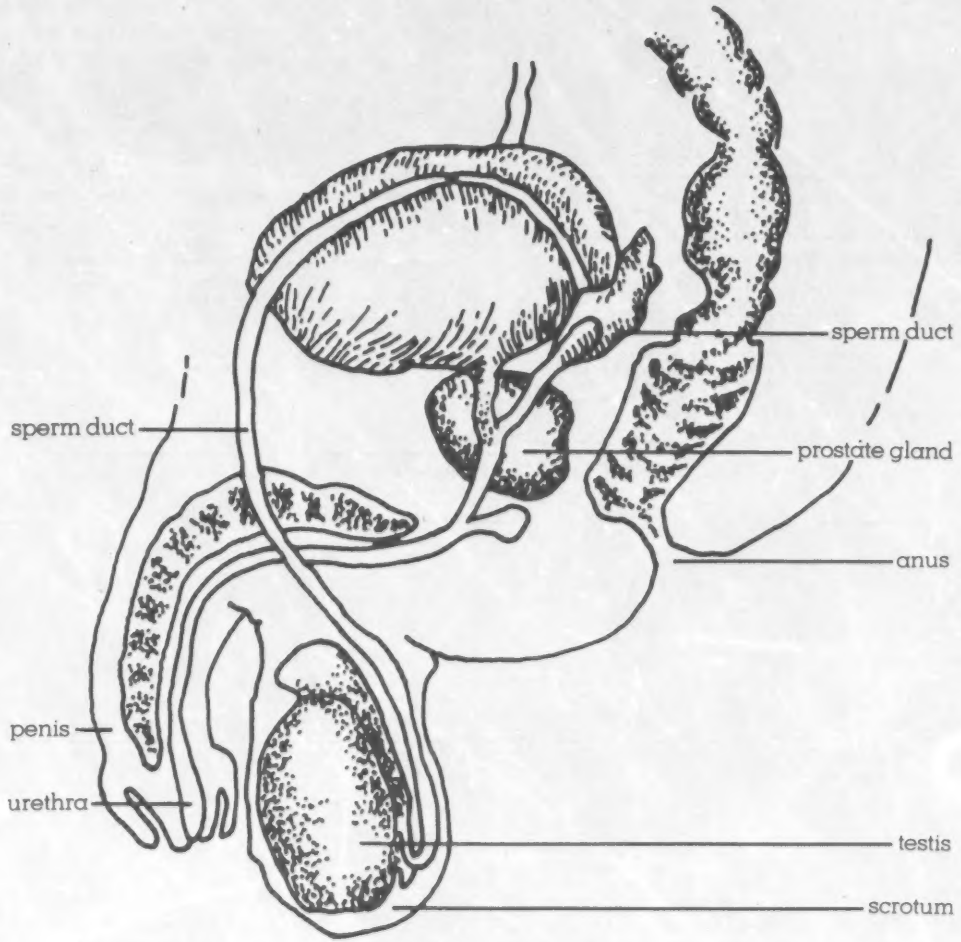
CONDITION	1/YES	2/NO	3/DON'T KNOW	4/CAUSED BY GERMS	5/IMMUNIZATION AVAILABLE
1. Asthma					
2. Beriberi					
3. Broken leg					
4. Cancer					
5. Chicken pox					
6. Diphtheria					
7. Herpes					
8. Gonorrhea					
9. Hepatitis					
10. High blood pressure					
11. Malaria					
12. Measles					
13. Mumps					
14. Polio					
15. Ringworm					
16. Small pox					
17. Syphilis					
18. Tetanus					
19. Tooth decay					
20. Whooping cough					
21. NGU					
22. Pubic lice					
23. Flu					

Worksheet 3
How Venereal Diseases Affect the Human Body

Explain orally or in writing how the male reproductive organs are involved in and affected by the transmission of sexually transmitted diseases. Remember that some symptoms of sexually transmitted diseases appear in other parts of the body as well.

The instructional materials are to be used with discretion and in compliance with Education Code sections 51820, 51240, and 60650.

MALE REPRODUCTIVE ORGANS

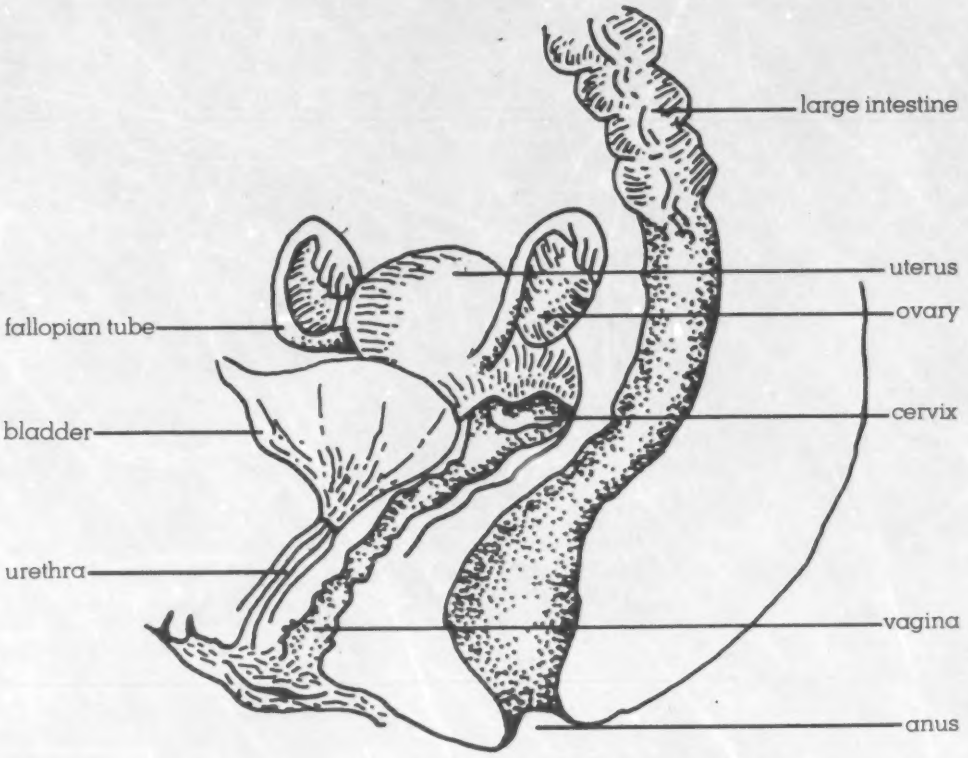


Worksheet 4
How Venereal Diseases Affect the Human Body

Explain orally or in writing how the female reproductive organs are involved in and affected by the transmission of sexually transmitted diseases. Remember that some symptoms of sexually transmitted diseases appear in other parts of the body as well.

The instructional materials are to be used with discretion and in compliance with Education Code sections 51820, 51240, and 60650.

FEMALE REPRODUCTIVE ORGANS



Worksheet 5
Puzzle

Here is a puzzle to call your attention to the venereal diseases and to give you the opportunity to identify words. Hidden in the maze are 51 words related to VD. The words are listed alphabetically below.

ANUS
CASEFINDING
CLAP
CLINIC
CODE
COMMUNICABLE
CONDOMS
CONTACTS
CONTROL
CULTURE
CYCLE
DIAGNOSIS
DISEASES
EPIDEMIC
FUNGUS
GERMS
GONORRHEA
HEALTH
HEART
HELP
HERPES
INCUBATION
INFECTION
INSANITY
INTIMATE
LAW
LESION
LUES
MAN
PAIN
PENICILLIN
POX
PREVENTION
PUS
RASH
REPORT
RESEARCH
RISK
SERUM
SORE
STERILE
SYMPTOMS
SYPHILIS
TEST
TREATMENT
VALUES
VDRL
VENEREAL
WARTS
WOMAN
YEAST

V	D	R	L	M	H	W	N	P	C	U	L	T	U	R	E	A	C
A	N	U	S	B	E	D	S	O	R	E	S	E	A	R	C	H	A
L	C	O	D	E	A	M	O	X	S	C	O	N	T	R	O	L	S
U	Q	W	I	P	R	A	A	C	Y	C	L	E	S	I	O	N	E
E	V	U	A	E	T	N	C	E	P	I	D	E	M	I	C	E	F
S	C	D	G	O	N	O	R	R	H	E	A	P	B	N	C	C	I
C	L	I	N	I	C	L	A	W	I	N	F	E	C	T	I	O	N
M	A	N	O	R	P	U	S	H	L	E	D	N	O	I	N	M	D
X	P	T	S	S	A	F	T	E	I	R	E	I	N	M	C	M	I
L	C	S	I	D	I	S	E	A	S	E	S	C	D	A	U	U	N
Y	E	A	S	T	N	J	R	L	H	A	Y	I	O	T	B	N	G
T	L	I	N	S	A	N	I	T	Y	L	M	L	M	E	A	I	R
E	L	U	E	S	G	L	L	H	E	L	P	L	S	W	T	C	E
S	F	U	N	G	U	S	E	R	U	M	T	I	F	A	I	A	P
T	O	P	P	R	E	V	E	N	T	I	O	N	G	R	O	B	O
H	E	R	P	E	S	T	R	E	A	T	M	E	N	T	N	L	R
R	I	S	K	C	O	N	T	A	C	T	S	R	A	S	H	E	T

The instructional materials are to be used with discretion and in compliance with Education Code sections 51820, 51240, and 60650.

Worksheet 6
Tale and Truth

The tale is given. What is the truth? Write your answer in one or two statements.

The instructional materials are to be used with discretion and in compliance with Education Code sections 51820, 51240, and 60650.

TALE: You can catch venereal diseases from contact with a toilet seat or a door knob, or by shaking hands.

TRUTH:

TALE: You can't get a venereal disease again once you've had it.

TRUTH:

TALE: Gonorrhea or "clap" is caused by lifting heavy objects.

TRUTH:

TALE: You can tell by looking at a person whether he or she has a venereal disease.

TRUTH:

TALE: Syphilis is hereditary.

TRUTH:

TALE: A quick cure for VD may be purchased in the drug store.

TRUTH:

TALE: Only girls carry the venereal diseases.

TRUTH:

TALE: VD or venereal disease is the name of a disease.

TRUTH:

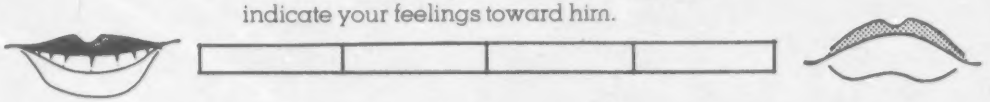
Worksheet 7
Values

Brenda decided to have some friends over for a barbecue. During the course of the evening, there was sexual activity among the members of the group. The sexual activity increased, and there was an interchange of partners. Tom became infected with gonorrhea (clap).

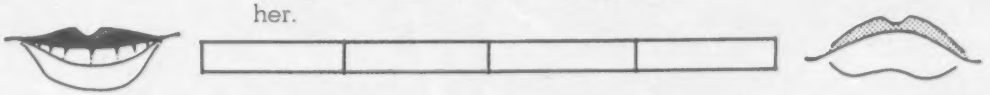
The instructional materials are to be used with discretion and in compliance with Education Code sections 51820, 51240, and 60650.

1. If you are a MALE, answer A and B:

A. Tom is a friend of yours. He tells you that he has the clap. Place an "X" in the space to indicate your feelings toward him.

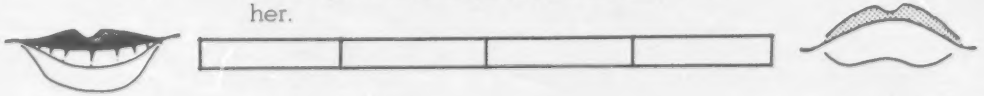


B. If Tom gets gonorrhea from Brenda and she doesn't know she has it, place an "X" in the space to indicate your feelings toward her.

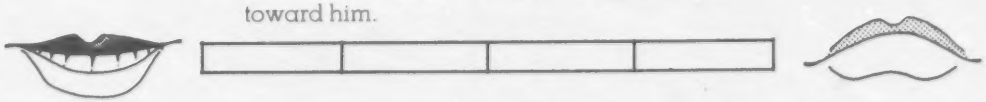


2. If you are a FEMALE, answer C and D:

C. Brenda is a friend of yours. She tells you that she thinks she has the clap. Place an "X" in the space to indicate your feelings toward her.



D. If Brenda gets gonorrhea from Tom, place an "X" in the space to indicate your feelings toward him.



Compare your responses with others. Are there differences? Why?

Worksheet 8
Rap About It

You are a thirteen-year-old girl. "You might have gonorrhea," the school nurse says. "VD." The nurse knows because a boy in school told her where he got the "drip." You don't even know what VD is. You learned about sex itself when a boy pushed you down in the back of his van.

The instructional materials are to be used with discretion and in compliance with Education Code sections 51820, 51240, and 60650.

If you were the girl, what would you do?

If you were the nurse, what would you do?

Why would you do these things instead of something else?

What can a school do? Parents? Community?

Worksheet 9
Rap About It

You are a fourteen-year-old girl and you love to play tennis. Coming from the court, you suddenly have an awful stomachache. You feel nauseated and throw up. Your mother calls the doctor. You have a fever. The right side of your abdomen feels tender and swollen. The doctor thinks you have appendicitis. You are rushed to the hospital and operated on. There is nothing wrong with your appendix, but the fallopian tubes leading to your ovaries are "red hot."

You have gonorrhea. You won't believe it. Only once did you let your boyfriend go beyond the point of petting. But diagnostic tests show gonococcal pelvic inflammatory disease. The infection has marched straight up your vagina, through the uterus, through the fallopian tubes, into the right ovary. Sure, penicillin can kill the infection, but your tubes are swollen and scarred. As you lie in your hospital bed, you are thinking about your mother and father, who are on their way to see you.

The instructional materials are to be used with discretion and in compliance with Education Code sections 51820, 51240, and 60650.

How would you feel?
How might the parents feel?
Why did the doctor make a diagnosis of appendicitis?
Considering her condition, what does the future hold for this girl? Can she have a baby?
How costly was this experience?
What suggestions might you make for the girl's future action?

Worksheet 10
Rap About It

You are a boy, fifteen, and you like rock music and girls. About a week after a party, you discover that when you urinate, you have a burning sensation in your penis. It hurts so much that you try to avoid relieving yourself. When you can wait no longer, you turn pale with pain. Tears come. There is a pus-like discharge.

You don't want to tell your family doctor, because he might tell your parents. After a few days of hell, you go to the free clinic. The doctor reports that one of the sperm ducts has become infected. "You should have had a shot of penicillin long before now," he says.

It is awkward, having your parents know. And you don't dare see the girl. Besides, you aren't even sure which girl might have given you gonorrhea. Some gift!

The instructional materials are to be used with discretion and in compliance with Education Code sections 51820, 51240, and 60650.

If you were the boy, how would you tell your parents?
What does the future hold for you?
If you were the parents, how would you feel? What would you do?
How will you inform the girls with whom you've had contacts. What reactions do you expect?
What are your responsibilities? For now? In the future? Toward others?

Worksheet 11
Role Play

Venereal disease has reached epidemic proportions in your town. You are on the city council and have been asked to eradicate VD in your school and community.

As a representative of the city council you have met with members from the community, schools, local agencies, associations, news media, and so forth to develop a plan. The community will implement your plan to eradicate VD as well as to control it in the future.

The instructional materials are to be used with discretion and in compliance with Education Code sections 51820, 51240, and 60650.

Explain the method—the "what" and "how"—you will use to rid your town of VD.

A Commitment: (You will not be graded on this portion of the lesson.)

You, personally, as a student or citizen have the opportunity in a small or large way to help get rid of VD in your community. What are you going to do?

"I'm going to . . ."

PART 5
RESOURCES

California Education Code Sections Related to Venereal Disease Education

Instruction in Personal and Public Health and Safety

As of January 1, 1978, instruction on venereal disease was required in elementary and secondary schools.

Education Code Section 51202. The adopted course of study shall provide instruction at the appropriate elementary and secondary grade levels and subject areas in personal and public safety and accident prevention, including emergency first aid instruction, instruction in hemorrhage control, treatment for poisoning, resuscitation techniques, and cardiopulmonary resuscitation when appropriate equipment is available; fire prevention; the protection and conservation of resources, including the necessity for the protection of our environment; and health, including venereal disease and the effects of alcohol, narcotics, drugs, and tobacco upon the human body. (1977 amendment.)

Venereal Disease Instruction; Written Notification to Parent; Inspection of Instructional Materials; Consensual Pupil Participation

1977 legislation supersedes first sentence. V.D. instruction now required. School boards decide grade level. Parent notification required at least 15 days prior to venereal disease education. Communication through usual means of school district. Parent denial, not parent permission, required. Parents may inspect instructional materials.

Education Code Section 51820. The governing board of any district maintaining elementary or secondary schools may offer units of instruction in venereal disease education in such schools with the assistance and guidance of the State Department of Education. The grade level at which such instruction shall be given shall be determined by the governing board of the school district.

Nothing in this section shall be construed as prohibiting or limiting any right provided for in Section 51240.

If venereal disease education classes are offered, the parent or guardian of each pupil enrolled or to be enrolled therein shall be notified in writing of the instructional program. Such notice shall be given at least 15 days prior to the commencement of the instructional program. The notice shall also advise the parent or guardian of his [or her] right to inspect the instructional materials to be used in such class and of his [or her] right to request the school authorities that his [or her] child not attend any such class.

Sending the required notice through the regular United States mail or any other method of delivery which the school district commonly uses to communicate individually in writing to all parents meets the notification requirements of this section.

The parent or guardian may request that his [or her] child not participate in a venereal disease instruction program. Such request shall be in writing, but may be withdrawn by the parent or guardian at any time. No pupil may attend any class in venereal disease education, if a request that he [or she] not attend the class has been received by the school in the manner provided in this section.

The parent or guardian of any pupil enrolled or to be enrolled in any venereal disease education class shall be provided the opportunity to inspect the textbooks, audiovisual aids, and any other instructional materials to be used in such classes.

Excuse from Health Instruction and Family Life and Sex Education Due to Religious Beliefs

Parent may request that pupil be excused from instruction.

Education Code Section 51240. Whenever any part of the instruction in health, family life education, and sex education conflicts with the religious training and beliefs of the parent or guardian of any pupil, the pupil, on written request of the parent or guardian, shall be excused from the part of the training which conflicts with such religious training and beliefs.

As used in this section, "religious training and beliefs" includes personal moral convictions.

Tests — Personal Beliefs

Parent must give written permission for pupil to participate in test, questionnaire, survey.

Education Code Section 60650. No test, questionnaire, survey, or examination containing any questions about the pupil's personal beliefs or practices in sex, family life, morality and religion, or any questions about his [or her] parents' or guardians' beliefs and practices in sex, family life, morality and religion, shall be administered to any pupil in kindergarten or grade 1 through 12, inclusive, unless the parent or guardian of the pupil is notified in writing that such test, questionnaire, survey, or examination is to be administered and the parent or guardian of the pupil gives written permission for the pupil to take such test, questionnaire, survey, or examination.

For Further Information

General Information

The following agencies can provide various types of information and instructional aids concerning venereal diseases:

- Local school districts
- County health departments

This will probably be the richest source of pamphlets, posters, and, possibly, films. Publications of the State Department of Health (see listing of current pamphlets below) should be ordered through local county health departments.

VD Division
Bureau of State Services
Center for Disease Control
1600 Clifton Road, NE
Atlanta, GA 30333

Be sure to specify the type of materials desired (e.g., films, pamphlets, records, etc.) when writing.

National Foundation
March of Dimes
675 North First Street, Suite 610
San Jose, CA 95112

Or check with the local March of Dimes chapter. The March of Dimes may be able to provide speakers as well as films and pamphlets. Most of the March of Dimes information pertains to the effects of venereal diseases on unborn babies. This organization has a wealth of information on herpes.

Planned Parenthood

Check with the local chapter.

Ed-U Press
760 Ostrom Avenue
Syracuse, NY 13210

This firm sells venereal disease education materials, including comic books. A free catalog is available on request.

Youngs Drug Products Corporation
865 Centennial Avenue
Piscataway, NJ 08854

This manufacturer of prophylactics publishes numerous pamphlets and periodicals.

Pamphlets

The following pamphlets published by the State Department of Health can be obtained through local county health departments:

Venereal Disease: What Is It?
Venereal Disease Information for Youth
Venereal Disease Information for Young Adults
Peligro/Danger (bilingual pamphlet)
Las Enfermedades Venereas
Health Examination Before Marriage

Blue Cross of Southern California
P.O. Box 70,000
Van Nuys, CA 91470

Blue Cross publishes a pamphlet entitled "STD," available in both English and Spanish versions.

Metropolitan Life Insurance Company
425 Market Street
San Francisco, CA 94120

Several pamphlets and other materials are available.

Reference Books

The Love Epidemic: VD, by Mari Stein. Thorofare, New Jersey: Charles B. Slack, Inc., 1973.

The Love Bugs, by David V. Carroll, M.D. Daly City, California: Physicians Art Services, Inc., 1977. (Comic book format; available in Spanish translation)

How to Have Intercourse Without Getting Screwed, by Jennifer Ware and King Holmes. Seattle, Washington: Madronna Publishers, Inc., 1976.

Venereal Disease, by Stephen J. Bender. Dubuque, Iowa: Wm. C. Brown Co., 1971.

Microbes and Morals, by Theodor Rosebury. New York: Ballantine Books, Inc., 1973. (Paperback)

VD—A Guide for Nurses and Counselors, by Barbara M. Morton, R.N., B.S. Boston: Little, Brown and Company, 1976. (Paperback)

Films

Check with the sources listed under "General Information," page 54, for film loans. Films can sometimes be borrowed from local university libraries.

The following list of films for junior and high school students is provided as a starting point. An asterisk (*) next to the distributor's name indicates that the film can be borrowed from the State Department of Health Film Library at no cost (return postage and insurance required) by junior and senior high schools in California. For a descriptive catalog or information, write to:

State Department of Health
Film Library
744 "P" Street
Sacramento, CA 95814

It is highly recommended that all films be previewed prior to use in the classroom. A listing does not constitute endorsement of any film for classroom use.

Resources from the Department of Education

The following publications may be purchased, at the prices indicated, plus sales tax, from Publications Sales, California State Department of Education, P.O. Box 271, Sacramento, CA 95802:

Criteria for Evaluating the School Health Education Program (1977)	$.85
Genetic Conditions: A Resource Book and Instructional Guide (1977)	$1.30
Health Instruction Framework for California Public Schools (1978)	$1.35
VD Education in California (1976)	$1.00

Remittance or purchase order must accompany orders.
Purchase orders are accepted from governmental agencies in California only.

Title	Date	Grade Level	Length (min.)	Distributor
*A Half Million Teenagers—Plus†**	1974	7-12	17	Churchill Films 662 North Robertson Blvd. Los Angeles, CA 90069
*How to Keep from Catching VD**	1971	7-12	18	Paramount Oxford Films 5451 Marathon St. Hollywood, CA 90038
Kathy†	1969	7-12	19	Aims Instructional Media Services, Inc. 626 Justin Ave. Glendale, CA 91201
Old Bugs, New Problems	1978	7-12	20	Alfred Higgins Productions, Inc. 9100 Sunset Blvd. Los Angeles, CA 90069
*VD—Attack Plan**	1972	7-8	16	Walt Disney Educational Media Company 500 South Buena Vista St. Burbank, CA 91521
*VD: Handle with Care**	1973	10-12	18	Paramount Oxford Films 5451 Marathon St. Hollywood, CA 90038
VD—Name Your Contacts	1969	10-12	22	Coronet Films 65 East South Water St. Chicago, Illinois 60601
VD—A Newer Focus†	1977	7-12	20	American Educational Films, Inc. 132 Lasky Dr. Beverly Hills, CA 90212

Title	Date	Grade Level	Length (min.)	Distributor
*VD: Prevent It†**	1971	7-12	11	Alfred Higgins Productions, Inc. 9100 Sunset Blvd. Los Angeles, CA 90069
VD: Prevention†	1973	7-12	15	American Educational Films, Inc. 132 Lasky Dr. Beverly Hills, CA 90212
VD Questions, VD Answers	1972	7-12	15	BFA Educational Media CBS Educational Publishing P.O. Box 1795 Santa Monica, CA 90406
VD Quiz: Getting the Right Answers†	1977	10-12	20	American Educational Films, Inc. 132 Lasky Dr. Beverly Hills, CA 90212
*Venereal Disease: The Hidden Epidemic†**	1972	10-12	27	Encyclopedia Britannica Educational Corp. 425 N. Michigan Ave. Chicago, Illinois 60611
Venereal Disease: Why Do We Still Have It?	1978	7-9	21	Perennial Education, Inc. P.O. Box 855 Ravinia Highland Park, Illinois 60035
Venereal Diseases	1973	7-12	17	The Media Guild Box 881 Solano Beach, CA 92075
When Love Needs Care	1971	7-12	13	Perennial Education, Inc. P.O. Box 855 Ravinia Highland Park, Illinois 60035

*Film may be borrowed from State Department of Health Film Library.
†Available in Spanish.

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